could this condition be triggered by 6+ years of intermittent catheterization

plus 8 years before of straight crede with during the 6 years it being a 60% caths / 40% crede

Yes—**that history could plausibly contribute**, especially the long-term Crede maneuver. It would not prove the lump is caused by catheterization, but it creates several mechanisms that can lead to epididymal irritation, cyst formation, infection, or chronic pain.

How Crede could contribute

Crede involves pressing on the lower abdomen to empty the bladder. Long-term use is specifically associated with **high bladder pressures**, incomplete emptying, urinary retention, and reflux of urine backward—usually described as reflux into the ureters/kidneys, but high-pressure voiding can also promote reflux along the reproductive tract. [1]

That matters because pressure and urine reflux can irritate the epididymis and vas deferens. Repeated irritation, recurrent infection, or duct obstruction can contribute to epididymal cysts/spermatoceles, which are fluid-filled structures in the epididymal duct system and may enlarge over time. [2] [3] [4]

How catheterization could contribute

Six-plus years of intermittent catheterization can contribute through:

- **Recurrent UTIs:** the most common complication of intermittent catheterization; infection can involve the prostate, urethra, epididymis, or testicle. [5] [6] [7]
- **Epididymitis/epididymo-orchitis:** a recognized, though less common, complication of catheterization. [6] [7]
- **Urethral trauma and inflammation:** repeated catheter passage can cause bleeding, urethritis, stricture, or false passage, which may alter voiding pressures and increase infection risk. [7] [6]
- **Chronic inflammation/scarring:** epididymal infection can scar or obstruct the ducts, potentially contributing to cystic dilation or chronic pain. [3]

Intermittent catheterization is generally less associated with urinary complications than an indwelling catheter, but it is not risk-free over many years. [6]

Your mixed pattern

A mix of **60% catheterization / 40% Crede** may have been somewhat protective compared with Crede alone, because catheterization can empty the bladder more completely and reduce the need for high-pressure abdominal squeezing. But if catheterization was intermittent and residual urine remained between catheters—or if Crede was used forcefully—the bladder and upper tract could still be exposed to repeated high pressure, stasis, and infection. [8] [1]

What this could explain

Your right-sided lump and pain could fit:

- **Spermatocele/epididymal cyst:** benign, often slow-growing, may become symptomatic if large. [4] [2]
- **Chronic or recurrent epididymitis:** can produce episodic pain, thickened epididymis, and pain that flares with urinary symptoms or catheter use. [3] [6]
- **Epididymal duct obstruction/scarring:** can follow infection or inflammation and may contribute to cyst formation. [3]
- **Referred pelvic-floor/prostate pain:** chronic retention and catheter use can also drive pelvic-floor tension and pain perceived in the testicle.

What it does not rule out

A slowly enlarging scrotal lump still needs an **exam and scrotal ultrasound with Doppler**. Most epididymal cysts are benign, but growth, pain, and a change in ejaculate should be assessed rather than assumed to be catheter-related. [9] [10] [11] [3]

Given your history, ask the urologist specifically about: post-void residual, urodynamics to document storage/voiding pressures, urine culture and STI testing, scrotal ultrasound, and whether Crede should be permanently replaced by a safer bladder-emptying plan. Long-term Crede is not considered a safe primary strategy for chronic retention because of high pressure, reflux, stones, kidney swelling, and bladder/kidney damage risks. [1]

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1. https://my.clevelandclinic.org/health/procedures/crede-maneuver&rut=a8bfa69c3222b2df0ee9dd53e3fcbe82a8dba8ff4d1c44bffc5f0c355927d31f
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17. https://oregonurology.com/epididymitis-what-you-should-know/